

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth noted.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 151

Local Registrar's No. _____

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____

City Winkelman No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lizoria Carmelo { If child is not yet named, make supplemental report, as directed.

3. Sex of Child 7 To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? Yes 7. Date of birth Mar 7 1929
Month Day Year

8 FATHER
Full name Francisco Carmelo
9. Residence (Usual place of abode) Winkelman
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Maury
(State or country) Ariz

13. Occupation miner
Nature of industry Copper

14. MOTHER
Full maiden name Minnie Smith
15. Residence (Usual place of abode) Winkelman
If non-resident, give place and state.

16. Color or race Mex 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Winkelman
(State or country) Ariz

19. Occupation House wife
Nature of industry

20. Number of children of this mother. (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9:15 p.m. on the 7th day above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles Huestis M.D.
(Physician or midwife)

Given name added from a supplemental report. Address _____
Month, day, year

Filed March 8 1929 P. J. Hutton
Registrar

736-307-428